6TL0D2XVSC 24-11685

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT **BARABOO**, WI 53913 (608) 356-4895

	Document Number Override	Primary Crash Document #		Agency Crash Number 24-11685			Investigating Officer/Deputy DEPUTY B. GOODREAU					
၁၄	Crash Date 10/20/2024	Crash Time 07:16 PM	-		Date Arrived		Time	Time Arrived				
0D2XVS	Date Notified 10/20/2024	Time Notified 07:16 PM			Total Units 01		Total		I Injured Total Killed			
00.	On Emergency	it and Run	Lane Closu		Ш	rk Zone		Trailer or T	owed		orting shold	
6TL	Government Property	hool Zone	School Bus Related NO			Tags	Tags					
	✓ Reportable	Crash Type NON-DOMESTICATED ANIMAL W/ NO INJUR			Amended				ondary rash			
	I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.											
i	Location											
Ī	ON STH60 EB					Latitude			Longitud	le		
	50 FT W					43.20234	17406	-89.88784				
	OF FOX RD					X Coordin	ate		Y Coordinate			
	IN THE TOWN OF TROY					265383.90625				4787335		
	IN SAUK COUNTY											
					NO STR							
	Crash Scene											
1	First Harmful Event					First Harm	ıful Event Lo	ocation				
	NON DOMESTICATED ANIM	ΔΙ (ΔΙΙΥΕ)				ON ROA						
ŀ	Manner of Collision	THE (HEIVE)				Light Condition						
	00 - NO COLLISION W/VEHI	CLE IN TRANSF	ODT			Light Cond	aition					
	Road Surface Condition(s)	CLE IN TRANSP	OKI			Deedoor	C+/-\					
	Toad Surface Condition(s)					Roadway Factor(s)						
	Environment Factor(s)											
ŀ	Weather Condition(s)											
	Animal Type DEER				Relation To Trafficway TRAFFICWAY - ON ROAD							
ŀ	Crash Classification - Location					Crash Classification - Jurisdiction						
	PUBLIC PROPERTY				NO SPECIAL JURISDICTION							
	Tribal Land					Access Control Special Study						
ļ	Linit Cummon.											
	Unit Summary Unit Status		I.V.ah	iala Onarat	ina Ao C	lassification		Lux				
				nicle Operating As Classification			Unit Type					
l	IN TRANSIT D CLASS								TRUCK			
10	Vehicle Type							Operating /	As Endorser	nents		
0	UTILITY TRUCK/PICKUP TRUCK											
	Total Occs Train/Bus # Recorded			Total # Citations Issued 0						Mat Types		
	lnouvenee?	D: /: 0(T					0 Speed Limit		it Total Lane:			
_		EASTBOUND		Pre CrashTir Mark		e Speed		I Otal Lan		28		
LINO	Most Harmful Event: Collision With			Special Function					Emergency Motor Vehicle Use			
-	NON DOMESTICATED ANIMAL (ALIVE)			NO SPECIAL FUNCTI			TION		NOT APPLICABLE			
	Traffic Way			Traffic Control				Traffic Control Inoperative/Missing				
ļ	Surface Type			D 10 1				L Bood Crodo				
	Surface Type			Road Curvature				Road Grade				

Crash Date 10/20/2024

Wisconsin Motor Vehicle Crash Form DT4000

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ı	Truck Bus or HazMat									
	Truc	k bus or Hazmat								
	,	Vehicle								
		License Plate Number	Plate Type	St	Country of Issuance					
		PD1073	LTK - LIGHT TRUCK	wı	UNITED STATES					
		Vehicle Identification Number	Make	Year	Model					
2	2	5TFDW5F11KX808011	TOYOTA	2019	TUNDRA					
		Color	Body Style		Bus Use					
		WHI - WHITE	PK - PICKUP							
	VEHICLE	Initial Contact Point	Vehicle Damage							
╘		12 - FRONT	7 8 9 10 11							
LIND		Extent Of Damage	- 01 - RIGHT FRONT CORNER, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT							
_		DISABLING DAMAGE	11 - LEFT FRONT CORNER, 12 - FRONT							
		Towed Due To Damage	Vehicle Removed By							
		TOWED DUE TO DISABLING DAMAGE	CRAIGS TOWING							
		What Driver Was Doing	Vehicle Factors							
		Driver Prior Action Other	7							
		Driver Actions								
١.	VEHICLE	NO CONTRIBUTING ACTION								
UNIT	$\overline{\mathbf{c}}$									
5	프									
	7									
		Owner Name	Owner Address							
2	7									
	0									
╘			olicy Holder							
LIND		Insurance Company GEICO-CASUALTY-CO	Individual KAO THAO							
		Individual Driver	Citations Issued Sex							
		KAO THAO	0	MALE						
	¥		Date of Birth	Race						
╻	DIVIDUAL		Bate of Birth	ASIAN OR NATIVE HAWAIIAN OR OTHER PACIFIC ISLAN						
L N	₹	Address	Driver License Numbe	<u>l</u> r						
⊃		1121 EMERALD DR								
	Z	PLOVER, WI 54467 , US	STATE: WISCONSI	N COUNTRY: U	TED STATES					
		On Duty Crash	Safety Equipment	Safety Equipment						
	Sa	fety Equipment								
		Row Seat Position	SHOULDER & LAP BELT							
		Helmet Use	Helmet Compliance							
		Eye Protection	Tint Compliance							
01										
	001	Injury Severity Injury NO APPARENT INJURY	Airbag							
	0		Transad/Eutricated							
		Ejected Ejection Path			Trapped/Extricated					
		Medical Transport	EMS Agency Identifier		EMS Run #					
		NOT TRANSPORTED	Z Joney Identified							
		Hospital	Date of Death		Time of Death					

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		Distracted By	Distracted By Source					
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
	JAL							
LNO	INDIVIDUAL							
	N							
		Action Other						To/From School
	Drug & Alcohol NO			se	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		i	
2	001	Drug Type						
		Individual Condition						
		APPEARED NORM	ИΔΙ					
		AI I LAILLE NOIL	TIAL .					